	COST REIMBU					PAT	D BY				
(Department, bureau, or establishment)							TAID DI				
Voucher prepared at(Give place and date)						End#9					
THE UNITED STATES, Dr., Payee's Account No.						PATO 22910					
							1 7	ž.			
Го		(Payee)				* *					
	(Add	dress) (City) ARTICLES OR SERVI	CES	tate)	UNIT	PRICE	AMOUN'	T			
No. and Date of Order	Date of Delivery or Service	(Enter description, item number of cont schedule, and other information de	tract or Federal su eemed necessary)	QUANT	1	Per	Dollars	Cts.			
		Discount Terms						-			
		Cost					70	.55			
		·									
AYMENT:											
Complete Partial											
Final		Use continuation sheet(s) if	nacaesarii								
hipped from	1	to Weight	Government [3/L No.	1	Total	70	5:			
I certify that the above bill is correct and just and that payment has: STATINTL (Sign original only)		t and just and that payment has not been rec	eived.	(Payce must	NOT use this	s space)					
				Differences							
		(Mgii Original Only)									
Date 12/20/5	7*Payee	not required when a like certificate is made by payee on	attrahed bill on hills)					رستر			
				Amount verif		THE	2/0.	<u>55</u>			
Per	A-101	Title Date Req. N		(Signature or Date		Invoice Rec'o	<u>.</u>				
		I certify that this account is correct and prope									
Approved for \$		 Sign	T	(Aut	horized Certify	ring Officer)					
Зу		ORIGINAL ONLY	Title								
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itle		HIS FORM MUST DE EXECUTED WHEN PURCHASES ARE MA									
	THE REVENOU OF THE	THE FORM HOUSE DE BALLOTED WHILL TORONIOUS AND AND									
	ACCOU	NTING CLASSIFICATION (Appropriation Sy	ymbol must be sh	own; other classi	fication optio	nal)					

Standard Form No. 1035a—Revised Form prescribed by mptroller General Discoved For Release 20000011 for Auropess 0350R000600010038-4 Septembly Discoved For Release 20000011 for Auropess 0350R000600010038-4 Services Other Than Personal MEMORANDUM

CONTINUATION SHEET

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply so and other information deemed necessary)		QUAN- TITY	UNIT PRICE		AMOUNT	
			ral supply schedule, Sary)		Cost	Per	Dollars	Ct
		Contract A / b/ System]						
		Direct Costs Properly Charge Contract <u>A / O /</u> for the p thru 12/15/57	geable to seriod 12/9		į			
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Labor fo	or the We	ek Fnding 12/15/57						
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Total do	sts		}				\$ <u>70.</u>	55
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